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TO/SB/30 (01-08)

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## Request for Continued Examination (RCE) Transmittal ddress to: lail Stop RCE Applic Filing First I

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ed to respond to a collection of informa	ation unless it contains a valid OMB control number.
Application Number	09/866,960
Filing Date	May 29, 2001
First Named Inventor	Neil D. Scancarella
Art Unit	1618
Examiner Name	Blessing M. Fubara
Attorney Docket Number	Rev. 01-6

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

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1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).									
a	а. 🗌 ¦	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
	i. [	Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
	li. [	Other	-			i			
ı	ь. 🔽 <u>г</u>	nclosed							
	ł. <u>.</u>	Amendment/Reply iii. In	formation	Disclosure S	tatement (IDS)	1			
	ii.	Affidavit(s)/ Declaration(s) iv. O	ther			:			
2.	Miscellar	eous				ı			
		Suspension of action on the above-identified application is requested u	nder 37 (	CFR 1.103(c)	for a				
	a	period of months. (Period of suspension shall not exceed 3 month	s; Fee und	ier 37 CFR 1.17	(i) required)	İ			
ı	b. 🗌	Other				1			
_	Fees a. ✓	The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.  The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No181065 I have enclosed a duplicate copy of this sheet.							
	i.	RCE fee required under 37 CFR 1.17(e)							
		Extension of time fee (37 CFR 1.136 and 1.17)	03/18/2008 DEHMANU1 00000003			9866960			
	ii. [	Extension of time lee (57 CFR 1.136 and 1.17)	01 FC	:1801	810.00 DA				
	iii.	Other			A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
1	b	Check in the amount of \$er	closed						
	с. 🦳	Payment by credit card (Form PTO-2038 enclosed)							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
SIGNATURE OF APPILICANT, ATTORNEY, OR AGENT REQUIRED									
Signate	ure	Any S. Jonace	Date		March 14,2008	<b>-</b>			
Name	(Print/Type)	(oy S) Goudile	Regi	stration No.	48,146	J			
		CERTIFICATE OF MAILING OR TRANSM	ISSION			ī			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.									
Signatu	ire					_			
Name (I	Print/Type)		Date						

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ns are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL FOR FY 2008  Applicant claims small entity status. See 37 CFR 1.27  Application Number   09/866,960   Filing Date   May 29, 2001   First Named Inventor   Neil D. Scancarella   Examiner Name   Blessing M. Fubara   Art Unit   1618   Attorney Docket No.   Rev. 01-6    METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Deposit Account Number, 181065   Deposit Account Name: Revion Consumer Products   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below   Charge fee(s) indicated below   Credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Filing FEES   Small Entity   Fee (s)   Fe	Fffective on 12/0	08/2004.	Complete if Known							
FIRST Named Inventor Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number_181065 Deposit Account Name: Revion Consumer Products For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  except for the filling fee  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	Fees pursuant to the Consolidated Appro	Application Number	09/866,960							
FIRST Named Inventor Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number_181065 Deposit Account Name: Revion Consumer Products For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  except for the filling fee  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	FEE TRAN	Filing Date	May 29, 2001							
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$)  Art Unit  1618  Attorney Docket No. Rev. 01-6  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number_181065 Deposit Account Name: Revion Consumer Products  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Total Claims Extra Claims Fee (\$)  Fee (	• •	First Named Inventor								
Att Office   Attorney Docket No.   Attorney Docket No.   Rev. 01-6			Examiner Name	Blessing M. Fubara						
METHOD OF PAYMENT (check all that apply)  Check	Applicant claims small entity sta	atus. See 37 CFR 1.27	Art Unit	1618						
Check	TOTAL AMOUNT OF PAYMENT	(\$)	Attorney Docket No.	Rev. 01-6						
Deposit Account   Deposit Account Number: 181065   Deposit Account Name: Revion Consumer Products	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Credit any overpayments  EXAMINATION FEES  Small Entity  Fee (\$) Fee	Check Credit Card	Money Order No	ne Other (please id	entify):						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Credit any overpayments  EXAMINATION FEES  Small Entity  Fee (\$) Fe	Deposit Account Deposit Acc	count Number: 181065	Deposit Account N	<sub>ame:</sub> Revion Con	sumer Products					
Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee (\$										
Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee (\$	Charge fee(s) indicate	d below	Charge fee(s)	) indicated below, ex	ccept for the filing fee					
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge any additional	fee(s) or underpayments of fe								
The content of the	V   Lundor 27 CED 4 16 an	nd 1 17	·		Provide credit card					
Total Claims   Filing   Fee (\$)	information and authorization on PTO-2	2038.	<u> </u>							
Application Type										
Small Entity   Fee (\$)			DOLLETES EVAL	MINATION EEES						
Utility   310   155   510   255   210   105     Design   210   105   100   50   130   65     Plant   210   105   310   155   160   80     Reissue   310   155   510   255   620   310     Provisional   210   105   0   0   0   0     Provisional   210   105   0   0   0     EXCESS CLAIM FEES   Small Entity     Fee (\$)   Fee (\$)     Each claim over 20 (including Reissues)   50   25     Multiple dependent claims   Extra Claims   Fee (\$)   Fee Paid (\$)     Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 20.	FILIP		Small Entity	Small Entity	5 D-14 (ft)					
Design 210 105 100 50 130 65					rees Paid (\$)					
Plant         210         105         310         155         160         80	- · · · · · · · · · · · · · · · · · · ·		200		···					
Reissue       310       155       510       255       620       310	Design 210	105 100	30							
Provisional         210         105         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         210         105           Multiple dependent claims         370         185           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           Multiple Dependent Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee (\$)         Fee Paid (\$)	Plant 210		100							
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.	Reissue 310	155 510	200							
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee (\$)  25  210  105  370  185  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.	Provisional 210	105 0	0	0 0						
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.				Fee (\$)						
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$)  - 20 or HP = x = Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.		ng Reissues)			25					
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Indep. Claims			e Paid (\$)	<del></del>						
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = (round up to a whole number) x										
- 100 = / 50 = (round up to a whole number) x = 4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE \$790.00										
DIBMITTED BY										
Registration No. 48 146 Telephone 212-527-5647	SUBMITTED BY Signature	Modai	Registration No.	Teleph	one 212-527-5647					
Data March 14 2008	Name (Print/Type) Joy S. Coudie	10 1000	(Aπomey/Agent)							

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.